

TITLE V BLOCK GRANT APPLICATION
FORMS (1-21)
STATE: MS
APPLICATION YEAR: 2005

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APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED 7/15/2004		APPLICANT IDENTIFIER	
1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		STATE APPLICATION IDENTIFIER	
		4. DATE RECEIVED BY FEDERAL AGENCY		FEDERAL IDENTIFIER	
5. APPLICANT INFORMATION					
Legal Name: Mississippi State Department of Health			Organizational Unit: Office of Health Services		
Address (give city, county, state and zip code) 570 E. Woodrow Wilson P. O. Box 1700 Jackson, MS 39215 County: Hinds			Name and telephone number of the person to be contacted on matters involving this application (give area code) Name: Daniel R. Bender Tel Number: (601) 576-7472		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="display: flex; gap: 10px;"><div style="border: 1px solid black; padding: 2px 5px;">6</div><div style="border: 1px solid black; padding: 2px 5px;">4</div><div style="border: 1px solid black; padding: 2px 5px;">6</div><div style="border: 1px solid black; padding: 2px 5px;">0</div><div style="border: 1px solid black; padding: 2px 5px;">0</div><div style="border: 1px solid black; padding: 2px 5px;">0</div><div style="border: 1px solid black; padding: 2px 5px;">7</div><div style="border: 1px solid black; padding: 2px 5px;">7</div><div style="border: 1px solid black; padding: 2px 5px;">5</div></div>			7. TYPE OF APPLICANT: (Enter appropriate letter in box) A A. State H. Independent School District B. County I. State Controlled Institution of Higher Learning C. Municipality J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipality M. Profit Organization G. Special District N. Other (Specify)		
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration Decrease Duration Other (specify):			9 NAME OF FEDERAL AGENCY: Health Resources and Services Administration, Maternal and Child Health Bureau		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="display: flex; gap: 10px;"><div style="border: 1px solid black; padding: 2px 5px;">9</div><div style="border: 1px solid black; padding: 2px 5px;">3</div><div style="border: 1px solid black; padding: 2px 5px;">9</div><div style="border: 1px solid black; padding: 2px 5px;">9</div><div style="border: 1px solid black; padding: 2px 5px;">4</div></div> TITLE: Maternal and Child Health Services Block Grant			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Statewide Plan for Maternal/Child Health Services		
12. AREAS AFFECTED BY PROJECT (cities, communities, states, etc.): Statewide					
13. PROPOSED PROJECT:			14. CONGRESSIONAL DISTRICTS OF:		
Start Date: 10/01/2004		Ending Date: 09/30/2005		a. Applicant Districts I, II, III, IV	
				b. Project Same as 14a	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$ <u>10,537,408.00</u>	a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. NO <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
b. Applicant	\$ <u>0.00</u>				
c. State	\$ <u>7,949,273.00</u>				
d. Local	\$ <u>0.00</u>				
e. Other	\$ <u>0.00</u>				
f. Program Income	\$ <u>0.00</u>				
g. TOTAL	\$ <u>18,486,681.00</u>	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT <input type="checkbox"/> Yes. If "Yes", attach an explanation <input checked="" type="checkbox"/> No			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY BY THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Typed Name of Authorized Representative Brian W. Amy, MD, MHA, MPH			b. Title State Health Officer		c. Telephone Number (601) 576-7634
d. Signature of Authorized Representative			e. Date Signed		

FORM 2
MCH BUDGET DETAILS FOR FY 2005

[Secs. 504 (d) and 505(a)(3)(4)]

STATE: MS

1. FEDERAL ALLOCATION

(Item 15a of the Application Face Sheet [SF 424])
Of the Federal Allocation (1 above), the amount earmarked for:

\$ 10,537,408

A.Preventive and primary care for children:

\$ 3,161,223 (30%)

B.Children with special health care needs:

\$ 3,161,223 (30%)

(If either A or B is less than 30%, a waiver request must accompany the application)[Sec. 505(a)(3)]

C.Title V administrative costs:

\$ 1,053,740 (10%)

(The above figure cannot be more than 10%)[Sec. 504(d)]

2. UNOBLIGATED BALANCE (Item 15b of SF 424)

\$ 0

3. STATE MCH FUNDS (Item 15c of the SF 424)

\$ 7,949,273

4. LOCAL MCH FUNDS (Item 15d of SF 424)

\$ 0

5. OTHER FUNDS (Item 15e of SF 424)

\$ 0

6. PROGRAM INCOME (Item 15f of SF 424)

\$ 0

7. TOTAL STATE MATCH (Lines 3 through 6)

(Below is your State's FY 1989 Maintenance of Effort Amount)

\$ 6,576,655

\$ 7,949,273

8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL)

(Total lines 1 through 6. Same as line 15g of SF 424)

\$ 18,486,681

9. OTHER FEDERAL FUNDS

(Funds under the control of the person responsible for the administration of the Title V program)

a. SPRANS: \$ 0

b. SSDI: \$ 100,000

c. CISS: \$ 0

d. Abstinence Education: \$ 846,680

e. Healthy Start: \$ 0

f. EMSC: \$ 0

g. WIC: \$ 63,017,321

h. AIDS: \$ 0

i. CDC: \$ 2,820,059

j. Education: \$ 4,387,834

k. Other: \$

Title X \$ 6,368,669

\$

10. OTHER FEDERAL FUNDS (SUBTOTAL of all Funds under item 9)

\$ 77,540,563

11. STATE MCH BUDGET TOTAL

(Partnership subtotal + Other Federal MCH Funds subtotal)

\$ 96,027,244

FORM NOTES FOR FORM 2
None
FIELD LEVEL NOTES
None

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506((a)) (1-3)]

STATE: MS

	FY 2003		FY 2004		FY 2005	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 10,928,315	\$ 11,088,275	\$ 10,928,315	\$ 0	\$ 10,537,408	\$ 0
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
3. State Funds <i>(Line3, Form 2)</i>	\$ 8,244,167	\$ 12,257,195	\$ 8,244,167	\$ 0	\$ 7,949,273	\$ 0
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
5. Other Funds <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
6. Program Income <i>(Line6, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
7. Subtotal <i>(Line8, Form 2)</i>	\$ 19,172,482	\$ 23,345,470	\$ 19,172,482	\$ 0	\$ 18,486,681	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 72,821,650	\$ 72,821,650	\$ 75,768,416	\$ 0	\$ 77,540,563	\$ 0
9. Total <i>(Line11, Form 2)</i>	\$ 91,994,132	\$ 96,167,120	\$ 94,940,898	\$ 0	\$ 96,027,244	\$ 0
(STATE MCH BUDGET TOTAL)						

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506((a))(1-3)]

STATE: MS

	FY 2000		FY 2001		FY 2002	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 10,794,759	\$ 11,059,138	\$ 10,928,315	\$ 10,638,887	\$ 10,928,315	\$ 11,370,646
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
3. State Funds <i>(Line3, Form 2)</i>	\$ 8,143,415	\$ 10,692,701	\$ 8,244,167	\$ 8,551,184	\$ 8,244,167	\$ 10,958,403
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
5. Other Funds <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
6. Program Income <i>(Line6, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
7. Subtotal <i>(Line8, Form 2)</i>	\$ 18,938,174	\$ 21,751,839	\$ 19,172,482	\$ 19,190,071	\$ 19,172,482	\$ 22,329,049
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 69,339,669	\$ 69,339,668	\$ 68,159,941	\$ 68,159,941	\$ 70,263,882	\$ 70,263,882
9. Total <i>(Line11, Form 2)</i>	\$ 88,277,843	\$ 91,091,507	\$ 87,332,423	\$ 87,350,012	\$ 89,436,364	\$ 92,592,931
(STATE MCH BUDGET TOTAL)						

FORM NOTES FOR FORM 3

None

FIELD LEVEL NOTES

1. **Section Number:** Main
Field Name: StateMCHFundsExpended
Row Name: State Funds
Column Name: Expended
Year: 2002
Field Note:
Budgeted amount for state match is only an estimate, calculated as a percentage of the MCH allocation. Actual expenditures will almost always differ from the budgeted amount.
2. **Section Number:** Main
Field Name: StateMCHFundsExpended
Row Name: State Funds
Column Name: Expended
Year: 2003
Field Note:
Budgeted amount for state match is only an estimate, calculated as a percentage of the federal MCH allocation; consequently, actual expenditures tend to differ from the budgeted amounts.

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: MS

	FY 2003		FY 2004		FY 2005	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 7,093,477	\$ 7,150,130	\$ 7,093,477	\$ 0	\$ 5,546,004	\$ 0
b. Infants < 1 year old	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
c. Children 1 to 22 years old	\$ 5,234,428	\$ 7,733,492	\$ 5,234,428	\$ 0	\$ 5,546,004	\$ 0
d. Children with Special Healthcare Needs	\$ 5,751,746	\$ 7,580,611	\$ 5,751,746	\$ 0	\$ 5,546,004	\$ 0
e. Others	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
f. Administration	\$ 1,092,831	\$ 881,237	\$ 1,092,831	\$ 0	\$ 1,848,669	\$ 0
g. SUBTOTAL	\$ 19,172,482	\$ 23,345,470	\$ 19,172,482	\$ 0	\$ 18,486,681	\$ 0
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 184,647		\$ 96,324		\$ 100,000	
c. CISS	\$ 0		\$ 0		\$ 0	
d. Abstinence Education	\$ 1,062,752		\$ 1,062,752		\$ 846,680	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 59,525,457		\$ 61,603,035		\$ 63,017,321	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 2,420,994		\$ 3,432,422		\$ 2,820,059	
j. Education	\$ 4,213,822		\$ 4,213,822		\$ 4,387,834	
k. Other						
Title X	\$ 0		\$ 0		\$ 6,368,669	
Title X Family Png	\$ 0		\$ 5,360,061		\$ 0	
Title X Family Planning	\$ 5,413,978		\$ 0		\$ 0	
III. SUBTOTAL	\$ 72,821,650		\$ 75,768,416		\$ 77,540,563	

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: MS

	FY 2000		FY 2001		FY 2002	
I. Federal-State MCH Block Grant Partnership	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
a. Pregnant Women	\$ 7,954,033	\$ 9,102,967	\$ 7,719,734	\$ 7,771,247	\$ 7,719,734	\$ 7,021,515
b. Infants < 1 year old	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
c. Children 1 to 22 years old	\$ 3,787,635	\$ 4,289,569	\$ 4,608,171	\$ 3,600,440	\$ 4,608,171	\$ 6,306,421
d. Children with Special Healthcare Needs	\$ 6,249,597	\$ 7,340,974	\$ 5,751,746	\$ 6,868,226	\$ 5,751,746	\$ 7,942,541
e. Others	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
f. Administration	\$ 946,909	\$ 1,018,329	\$ 1,092,831	\$ 950,158	\$ 1,092,831	\$ 1,058,573
g. SUBTOTAL	\$ 18,938,174	\$ 21,751,839	\$ 19,172,482	\$ 19,190,071	\$ 19,172,482	\$ 22,329,050

II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 197,920		\$ 242,229		\$ 0	
b. SSDI	\$ 108,870		\$ 95,000		\$ 160,887	
c. CISS	\$ 1,437,633		\$ 0		\$ 0	
d. Abstinence Education	\$ 363,631		\$ 1,062,752		\$ 1,062,752	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 58,127,279		\$ 56,783,751		\$ 58,029,534	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 0		\$ 1,891,349		\$ 2,687,943	
j. Education	\$ 5,505,849		\$ 3,688,050		\$ 3,876,753	
k. Other						
Title X Family Planning	\$ 3,598,487		\$ 4,396,810		\$ 4,446,013	
III. SUBTOTAL	\$ 69,339,669		\$ 68,159,941		\$ 70,263,882	

FORM NOTES FOR FORM 4

None

FIELD LEVEL NOTES

1. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: Children_1_22Expended
Row Name: Children 1 to 22 years old
Column Name: Expended
Year: 2002
Field Note:
Budgeted amount represented an estimate for expenditures for children 1 to 22. Actual expenditures will normally vary from the original budgeted (i.e., estimated) amount.
2. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: Children_1_22Expended
Row Name: Children 1 to 22 years old
Column Name: Expended
Year: 2003
Field Note:
Budgeted amounts are only an estimate of what will be spent. Actual expenditures will tend to differ.
3. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: CSHCNExpended
Row Name: CSHCN
Column Name: Expended
Year: 2002
Field Note:
Budgeted amount represented an estimate for expenditures for children with special health care needs. Actual expenditures will normally vary from the original budgeted (i.e., estimated) amount.
4. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: CSHCNExpended
Row Name: CSHCN
Column Name: Expended
Year: 2003
Field Note:
Budgeted amounts are only an estimate. Actual expenditures will tend to be different.
5. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: AdminExpended
Row Name: Administration
Column Name: Expended
Year: 2003
Field Note:
Budgeted amounts are only an estimate. Actual expenditures will tend to be different.

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: MS

TYPE OF SERVICE	FY 2003		FY 2004		FY 2005	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 10,359,746	\$ 12,606,554	\$ 10,359,746	\$ 0	\$ 9,982,808	\$ 0
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 984,226	\$ 1,167,273	\$ 984,226	\$ 0	\$ 924,334	\$ 0
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 1,485,905	\$ 1,867,638	\$ 1,485,905	\$ 0	\$ 1,478,934	\$ 0
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 6,342,605	\$ 7,704,005	\$ 6,342,605	\$ 0	\$ 6,100,605	\$ 0
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 19,172,482	\$ 23,345,470	\$ 19,172,482	\$ 0	\$ 18,486,681	\$ 0

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: MS

TYPE OF SERVICE	FY 2000		FY 2001		FY 2002	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 10,226,614	\$ 11,276,698	\$ 10,359,746	\$ 10,432,698	\$ 10,359,746	\$ 12,066,619
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 946,909	\$ 984,988	\$ 984,226	\$ 814,145	\$ 984,226	\$ 1,145,480
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 1,515,054	\$ 2,355,147	\$ 1,485,905	\$ 1,632,147	\$ 1,485,905	\$ 1,730,501
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 6,249,597	\$ 7,135,006	\$ 6,342,605	\$ 6,311,081	\$ 6,342,605	\$ 7,386,449
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 18,938,174	\$ 21,751,839	\$ 19,172,482	\$ 19,190,071	\$ 19,172,482	\$ 22,329,049

FORM NOTES FOR FORM 5

None

FIELD LEVEL NOTES

1. **Section Number:** Main
Field Name: DirectHCExpended
Row Name: Direct Health Care Services
Column Name: Expended
Year: 2002
Field Note:
Budgeted amount was a projection (estimate) of expenditures for Direct Health Care Services. Actual expenditures will vary from the original budgeted (projected) amount.
2. **Section Number:** Main
Field Name: DirectHCExpended
Row Name: Direct Health Care Services
Column Name: Expended
Year: 2003
Field Note:
Budgeted amounts are only estimates. Actual expenditures will tend to be different.
3. **Section Number:** Main
Field Name: EnablingExpended
Row Name: Enabling Services
Column Name: Expended
Year: 2002
Field Note:
Budgeted amount was a projection (estimate) of expenditures for Enabling Services. Actual expenditures will vary from the original budgeted (projected) amount.
4. **Section Number:** Main
Field Name: EnablingExpended
Row Name: Enabling Services
Column Name: Expended
Year: 2003
Field Note:
Budgeted amounts are only estimates. Actual expenditures will tend to be different.
5. **Section Number:** Main
Field Name: PopBasedExpended
Row Name: Population-Based Services
Column Name: Expended
Year: 2002
Field Note:
Budgeted amount was a projection (estimate) of expenditures for Population-Based Services. Actual expenditures will vary from the original budgeted (projected) amount.
6. **Section Number:** Main
Field Name: PopBasedExpended
Row Name: Population-Based Services
Column Name: Expended
Year: 2003
Field Note:
Budgeted amounts are only estimates. Actual expenditures will tend to be different.
7. **Section Number:** Main
Field Name: InfrastrBuildExpended
Row Name: Infrastructure Building Services
Column Name: Expended
Year: 2002
Field Note:
Budgeted amount was a projection (estimate) of expenditures for Infrastructure Building Services. Actual expenditures will vary from the original budgeted (projected) amount.
8. **Section Number:** Main
Field Name: InfrastrBuildExpended
Row Name: Infrastructure Building Services
Column Name: Expended
Year: 2003
Field Note:
Budgeted amounts are only estimates. Actual expenditures will tend to be different.

FORM 6						
NUMBER AND PERCENTAGE OF NEWBORNS AND OTHERS SCREENED, CASES CONFIRMED, AND TREATED						
Sect. 506(a)(2)(B)(iii)						
STATE: MS						
Total Births by Occurrence: 40,535				Reporting Year: 2002		
Type of Screening Tests	(A) Receiving at least one Screen (1)		(B) No. of Presumptive Positive Screens	(C) No. Confirmed Cases (2)	(D) Needing Treatment that Received Treatment(3)	
	No.	%			No.	%
Phenylketonuria	40,427	99.7	6	0	0	
Congenital Hypothyroidism	40,427	99.7	41	12	12	100
Galactosemia	40,427	99.7	24	2	2	100
Sickle Cell Disease	40,427	99.7	208	67	67	100
Other Screening (Specify)						
Congenital Adrenal Hyperplasia (CAH)	32,144	79.3	8	3	3	100
Screening Programs for Older Children & Women (Specify Tests by name)						
(1) Use occurrent births as denominator.						
(2) Report only those from resident births.						
(3) Use number of confirmed cases as denominator.						

FORM NOTES FOR FORM 6

Calendar Year data for 2003 are currently unavailable. When available, these data will be forwarded to the MCHB office.

FIELD LEVEL NOTES

1.

Section Number: Main

Field Name: BirthOccurence

Row Name: Total Births By Occurence

Column Name: Total Births By Occurence

Year: 2005

Field Note:

CY 2003 data are currently unavailable. Data will be mailed to MCHB when available.

FORM 7
NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED) UNDER TITLE V
(BY CLASS OF INDIVIDUALS AND PERCENT OF HEALTH COVERAGE)

[Sec. 506(a)(2)(A)(i-ii)]

STATE: MS

Reporting Year: 2002

Types of Individuals Served	TITLE V	PRIMARY SOURCES OF COVERAGE				
	(A) Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private/Other %	(E) None %	(F) Unknown %
Pregnant Women	30,667	81.0	1.0	0.0	0.0	18.0
Infants < 1 year old	41,511	86.0	0.0	0.0	14.0	0.0
Children 1 to 22 years old	66,769	84.0	1.0	0.0	0.0	15.0
Children with Special Healthcare Needs	3,141	69.0	2.0	16.0	13.0	0.0
Others	127,929	31.0	1.0	0.0	0.0	68.0
TOTAL	270,017					

FORM NOTES FOR FORM 7

None

FIELD LEVEL NOTES

1. **Section Number:** Main
Field Name: PregWomen_TS
Row Name: Pregnant Women
Column Name: Title V Total Served
Year: 2005
Field Note:
Unduplicated within programs, but possibly duplicated across programs.
2. **Section Number:** Main
Field Name: PregWomen_Private
Row Name: Pregnant Women
Column Name: Private/Other %
Year: 2005
Field Note:
MSDH does not collect information on private insurance in programs other than CSHCN.
3. **Section Number:** Main
Field Name: Children_1_22_TS
Row Name: Children 1 to 22 years of age
Column Name: Title V Total Served
Year: 2005
Field Note:
Unduplicated within programs, but possibly duplicated across programs.
4. **Section Number:** Main
Field Name: CSHCN_TS
Row Name: Children with Special Health Care Needs
Column Name: Title V Total Served
Year: 2005
Field Note:
Data compiled directly from Children Medical Program application forms received. Data reported are projections for full calendar year based on one half year accumulation of data.
5. **Section Number:** Main
Field Name: CSHCN_XIX
Row Name: Children with Special Health Care Needs
Column Name: Title XIX %
Year: 2005
Field Note:
These data are provided by the Children's Medical Program's data system and are different from the data collected and reported from the SLAITS Survey.
6. **Section Number:** Main
Field Name: CSHCN_Private
Row Name: Children with Special Health Care Needs
Column Name: Private/Other %
Year: 2005
Field Note:
These data are provided by the Children's Medical Program's data system and are different from the data collected and reported from the SLAITS Survey.

FORM 8
DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE
XIX
(BY RACE AND ETHNICITY)
[SEC. 506(A)(2)(C-D)]
STATE: MS

Reporting Year: 2002

I. UNDUPLICATED COUNT BY RACE

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown
DELIVERIES								
Total Deliveries in State	41,905	22,742	18,466	269	377	50	0	1
Title V Served	32,261	12,272	18,839	7	105	0	0	1,038
Eligible for Title XIX	24,660	9,481	14,407	192	145	0	0	435
INFANTS								
Total Infants in State	41,511	22,620	18,197	267	376	50	0	1
Title V Served	41,511	22,620	18,197	267	376	50	0	1
Eligible for Title XIX	35,679	13,077	20,403	259	204	6	0	1,730

II. UNDUPLICATED COUNT BY ETHNICITY

				HISPANIC OR LATINO (Sub-categories by country or area of origin)				
	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
DELIVERIES								
Total Deliveries in State	41,010	791	104	516	7	25	40	203
Title V Served	31,718	543	0	0	0	0	0	543
Eligible for Title XIX	24,284	376	0	0	0	0	0	376
INFANTS								
Total Infants in State	40,261	786	104	513	7	25	40	201
Title V Served	40,261	786	104	513	7	25	40	201
Eligible for Title XIX	34,970	709	0	0	0	0	0	709

FORM NOTES FOR FORM 8

Duplicated in age categories, unduplicated within programs.

FIELD LEVEL NOTES

None

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: MS

	FY 2005	FY 2004	FY 2003	FY 2002	FY 2001
1. State MCH Toll-Free "Hotline" Telephone Number	(800) 721-7222	(800) 721-7222	(800) 721-7222	(800) 721-7222	(800) 721-7222
2. State MCH Toll-Free "Hotline" Name	"Take Care"	"Take Care"	"Take Care"	"Take Care"	"Take Care"
3. Name of Contact Person for State MCH "Hotline"	Louisa Denson	Louisa Denson	Hazel Gaines	Hazel Gaines	Hazel Gaines
4. Contact Person's Telephone Number	(601) 576-7950	(601) 576-7950	(601) 354-7471	(601) 354-7471	(601) 354-7471
5. Number of calls received on the State MCH "Hotline" this reporting period			493	1,100	468

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM (OPTIONAL)
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: MS

	FY 2005	FY 2004	FY 2003	FY 2002	FY 2001
1. State MCH Toll-Free "Hotline" Telephone Number					
2. State MCH Toll-Free "Hotline" Name					
3. Name of Contact Person for State MCH "Hotline"					
4. Contact Person's Telephone Number					
5. Number of calls received on the State MCH "Hotline" this reporting period	0	0	0	0	0

FORM NOTES FOR FORM 9

None

FIELD LEVEL NOTES

None

FORM 10
TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT
STATE PROFILE FOR FY 2005
[SEC. 506(A)(1)]
STATE: MS

1. State MCH Administration:
(max 2500 characters)

The Mississippi State Department of Health (MSDH) is the state agency responsible for administering the Title V Program in Mississippi. MCH Block Grant funds are allocated in the MSDH central office to the Bureau of Women's Health, and the Bureau of Child/Adolescent Health. The Children's Medical Program, which is the program of services for Children With Special Health Care Needs, is located organizationally within the Bureau of Child/Adolescent Health. All are located organizationally within the Office of Health Services (OHS), which is responsible for all maternal and child health functions. These two OHS bureaus provide services for the three major populations targeted by the MCH Block Grant: pregnant women and infants, children and adolescents, and children with special health care needs. The OHS is also responsible for administering the statewide family planning program and the Women, Infants and Children Supplemental Food Program (WIC).

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ 10,537,408
3. Unobligated balance (Line 2, Form 2)	\$ 0
4. State Funds (Line 3, Form 2)	\$ 7,949,273
5. Local MCH Funds (Line 4, Form 2)	\$ 0
6. Other Funds (Line 5, Form 2)	\$ 0
7. Program Income (Line 6, Form 2)	\$ 0
8. Total Federal-State Partnership (Line 8, Form 2)	\$ 18,486,681

9. Most significant providers receiving MCH funds:

The University of Mississippi Medical Center
Jackson Medical Mall

10. Individuals served by the Title V Program (Col. A, Form 7)

a. Pregnant Women	30,667
b. Infants < 1 year old	41,511
c. Children 1 to 22 years old	66,769
d. CSHCN	3,141
e. Others	127,929

11. Statewide Initiatives and Partnerships:

a. Direct Medical Care and Enabling Services:
(max 2500 characters)

The MSDH MCH programs are often the first point of entry into the health care system for many women and children. MSDH maternity services are carried out in areas where there are gaps in providers--resulting in 28% of the women who gave birth in Mississippi receiving services in the health department. The CSHCN provides regional clinic services throughout the state and expended over 3.9 million dollars in FY 2002 on diagnostic and treatment services for children with special needs. Since the demise of Health MACS, the Mississippi Medicaid Managed Care Program, EPSDT screenings statewide are being conducted by the MSDH and the percent of children being screened is rising. MSDH also serves many Mississippi children and adolescents through the provision of 315 school nurses who provide an array of services such as tobacco prevention activities and EPSDT screenings. Lastly, the MSDH partners with the University of Mississippi Medical Center School of Dentistry to provide sealants to children in the Delta. Enabling services consist of case management services for pregnant women and infants through the Pregnancy High Risk Management program, for special needs children through the Children's Medical Program (CMP) and Genetics, and for infants and toddlers with special developmental needs and their families through the First Steps Early Intervention Program. Genetics supports 7 genetics satellite clinics and 5 sickle cell satellite clinics strategically located in the state to make services more accessible for patients and families. The Special Supplemental Food Program for Women, Infants and Children (WIC) complements all MCH programs by serving as a catalyst to bring mothers and their children into the integrated health care system. WIC services are provided by MSDH in all 82 Mississippi counties and distributed 1,209,938 monthly food packages during FY 2002. In addition, translator services are available statewide, and the Mississippi Medicaid program provides statewide transportation services.

b. Population-Based Services:
(max 2500 characters)

Mississippi continues to expand in population-based services. MCH supported staff in county health departments who provide approximately 80% of the immunizations in Mississippi, and that percentage is growing. Mississippi was one of two southern states to earn national recognition for coverage in basic immunizations. The Division of Genetics Services completed Mississippi's first annual Birth Defects Report consisting of confirmed birth defects for the year 2000. Genetics Services also expanded from 5 to 40 disorders, providing babies born in Mississippi the most extensive genetic screening of any state program. Newborn hearing screening is conducted among infants born in Mississippi, and infants with confirmed hearing losses have been followed up and referred to First Steps Early Intervention Program. Lead screening is occurring with the primary focus children on Medicaid. Sudden Infant Death Syndrome (SIDS) counseling is carried out statewide by trained staff such as social workers and nurses.

c. Infrastructure Building Services:
(max 2500 characters)

Mississippi is growing in terms of infrastructure building. A cooperative agreement between the MSDH and the Mississippi Primary Health Care Association (MPHCA) provides a mechanism for joint perinatal planning and provider education between the state MCH Program and the 21 Community Health Centers in the State. Perinatal providers are placed in communities of greatest need through a joint decision-making process of the MPHCA and the MSDH's Office of Primary Care Development. The need for systematic planning for oral health has resulted in the hiring of a full-time Public Health Dentist who is working with the statewide Oral Health Advisory Committee. This committee is developing strategies to improve oral health care for all Mississippi children. Other infrastructure building activities include assigning the MSDH Deputy Director to monitor organizational quality and the development of standards for public health practice. The new MSDH Office of Science and Evaluation will promote agency-wide data driven policy and programs and offer collaborative opportunities for scientific work with the MCH Data Unit. MSDH is also strengthening data systems by upgrading the vital records operating system, linking the new birth/death files with program files, adding systems such as the Pregnancy Risk Assessment Monitoring System (PRAMS), enhancing the

WIC data system, and strengthening data systems in all MCH programs. The planning process continues to improve through mechanisms such as using Perinatal Periods of Risk to review contributors to infant death.

12. The primary Title V Program contact person:

Name	<u>Daniel R. Bender</u>
Title	<u>Office Director</u>
Address	<u>Mississippi State Department of Health, Office of Health</u>
City	<u>Jackson</u>
State	<u>MS</u>
Zip	<u>39215</u>
Phone	<u>(601) 576-7472</u>
Fax	<u>(601) 576-7825</u>
Email	<u>dbender@msdh.state.ms.us</u>
Web	<u>www.msdh.state.ms.us</u>

13. The children with special health care needs (CSHCN) contact person:

Name	<u>Lawrence Clark</u>
Title	<u>Children's Medical Program, Director</u>
Address	<u>Children's Medical Program, P.O. Box 1700</u>
City	<u>Jackson</u>
State	<u>MS</u>
Zip	<u>39215</u>
Phone	<u>(601) 987-3965</u>
Fax	<u>(601) 987-5560</u>
Email	<u>lawrence.clark@msdh.state.ms.us</u>
Web	<u>www.msdh.state.ms.us</u>

FORM NOTES FOR FORM 10

None

FIELD LEVEL NOTES

None

FORM 11
TRACKING PERFORMANCE MEASURES
[SECS 485 (2)(2)(B)(iii) AND 486 (A)(2)(A)(iii)]
STATE: MS

PERFORMANCE MEASURE # 01

The percent of newborns who are screened and confirmed with condition(s) mandated by their State-sponsored newborn screening programs (e.g. phenylketonuria and hemoglobinopathies) who receive appropriate follow up as defined by their State.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective					99.8
Annual Indicator	99.9	100.0	99.4	100.0	NaN
Numerator	42,653	44,075	42,039	84	0
Denominator	42,678	44,075	42,277	84	0
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	99.6	99.7	99.8	99.9	99.9
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

PERFORMANCE MEASURE # 02

The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective					44.5
Annual Indicator				41.5	41.5
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	47.5	50.5	53.5	56.5	56.7
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

PERFORMANCE MEASURE # 03

The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective					46.2
Annual Indicator				44.2	44.2
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	48.2	50.2	52.2	54.2	54.2
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 04

The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective					54.7
Annual Indicator				51.7	51.7
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	57.7	60.7	63.7	66.7	66.8
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 05

Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)

Annual Objective and Performance Data					
	1999	2000	2001	2002	2003
Annual Performance Objective					70.9
Annual Indicator				68.9	68.9
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	72.9	74.9	76.9	78.9	78.9
Annual Indicator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Numerator					
Denominator					

PERFORMANCE MEASURE # 06

The percentage of youth with special health care needs who received the services necessary to make transition to all aspects of adult life. (CSHCN Survey)

Annual Objective and Performance Data					
	1999	2000	2001	2002	2003
Annual Performance Objective					9.8
Annual Indicator				5.8	5.8
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	13.5	13.8	17.8	21.8	21.8
Annual Indicator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Numerator					
Denominator					

PERFORMANCE MEASURE # 07

Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	84.5	84.5	86	87	88
Annual Indicator	83.9	85.5	85.5	87.5	NaN
Numerator					0
Denominator					0
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	89	90	90.1	90.2	90.2
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

PERFORMANCE MEASURE # 08

The rate of birth (per 1,000) for teenagers aged 15 through 17 years.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	46	44	37	37.2	38.2
Annual Indicator	45.0	44.3	38.4	37.7	NaN
Numerator	2,964	2,929	2,542	2,385	0
Denominator	65,854	66,165	66,165	63,321	0
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	36.7	35.3	33.9	32.6	31.3
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

PERFORMANCE MEASURE # 09

Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	18	17	17	17	17
Annual Indicator	17	17	17	17	17
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	25	30	30	30	30
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 10

The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	8.7	8	9.1	8.6	8.4
Annual Indicator	10.9	8.9	8.5	8.9	NaN
Numerator	63	53	51	56	0
Denominator	576,641	598,809	598,809	631,139	0
Is the Data Provisional or Final?				Provisional	Final

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	8.2	8	7.8	7.6	7.6
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 11

Percentage of mothers who breastfeed their infants at hospital discharge.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	42	48	50	53	55
Annual Indicator	48.8	48.8	50.4	52.4	NaN
Numerator					0
Denominator					0
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	57	59	61	63	65
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 12

Percentage of newborns who have been screened for hearing before hospital discharge.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	98	98.5	98.5	98.5	99
Annual Indicator	92.5	94.4	96.0	96.1	NaN
Numerator	39,481	41,611	40,599	39,899	0
Denominator	42,678	44,075	42,277	41,511	0
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	99.3	99.5	99.6	99.7	99.7
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 13

Percent of children without health insurance.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	17.5	17	14	15	11.5
Annual Indicator	14.1	14.1	15	15	12
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	14.5	14	13.5	13	13
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 14

Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	71.5	72	72.5	73	73.5
Annual Indicator	70.6	72.1	86.5	60.7	NaN
Numerator	212,479	241,230	312,826	246,960	0
Denominator	300,887	334,689	361,461	406,847	0
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	75	75.5	75.8	76	76.5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 15

The percent of very low birth weight infants among all live births.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	2	2	2.1	2.2	2.2
Annual Indicator	2.1	2.2	2.1	2.2	NaN
Numerator	914	971	882	931	0
Denominator	42,678	44,075	42,277	41,511	0
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	2.3	2.3	2.4	2.4	2.3
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 16

The rate (per 100,000) of suicide deaths among youths aged 15 through 19.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	8.9	8.9	7.6	7.6	7.6
Annual Indicator	9.1	10.7	7.7	10.9	NaN
Numerator	21	25	18	24	0
Denominator	229,775	233,188	233,188	219,992	0
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	9.2	9.1	8.9	8.8	8.7
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 17

Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	33.3	34.3	34.3	33.2	33
Annual Indicator	36.3	31.0	33.7	33.2	NaN
Numerator	332	301	297	309	0
Denominator	914	971	882	931	0
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	33	32.8	32.7	32.6	32.5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 18

Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	80.7	81.7	82.7	83.2	84.1
Annual Indicator	81.0	80.8	82.2	83.1	NaN
Numerator	34,571	35,634	34,760	34,501	0
Denominator	42,678	44,075	42,277	41,511	0
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	85.1	86	87	87.9	88
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 1

Percent of Children on Medicaid who Receive EPSDT Screening.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	44%	46%	46	46.5	17
Annual Indicator	35.4	31.7	13.6	11.9	NaN
Numerator	106,502	106,000	32,223	32,191	0
Denominator	300,887	334,689	236,562	269,555	0
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	19	21	23	25	25.5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 2

Current Percent of Cigarette Smoking Among Ninth Through Twelfth Graders.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	30%	29%	29%	29	22
Annual Indicator	32.5	32.5	23.6	23.6	25.0
Numerator	42,515	42,515	28,278	28,278	30,491
Denominator	130,815	130,815	119,775	119,775	122,038
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	21	20	19	18	18
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 3

Smoking Among Pregnant Adolescents

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	12.0	12	11.5	11.4	11.3
Annual Indicator	12.3	12.3	12.3	12.5	NaN
Numerator	1,037	1,014	929	897	0
Denominator	8,405	8,266	7,536	7,152	0
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	11	11	10.8	10.4	10.4
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 4

Percent of Children With Genetic Disorders who Receive Case Management Services.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	90	90	90	95	96
Annual Indicator	92.7	85.8	94.8	93.7	NaN
Numerator	2,749	2,847	4,010	2,749	0
Denominator	2,966	3,320	4,228	2,935	0
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	97	98	98.5	98.5	98.5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 5

Infants Screened and Referred for Hearing Impairment Greater Than or Equal to 35 dB nHL Will Receive Appropriate Follow-up and Intervention Upon Hospital Discharge.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	80	80	80	75	80
Annual Indicator	100.0	81.3	64.3	79.4	NaN
Numerator	649	39	257	316	0
Denominator	649	48	400	398	0
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	85	90	95	98	98
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 6

Prevalence of Infants Born with Neural Tube Defects.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	4.3	4.6	4.7	3	3
Annual Indicator	4.7	5.2	4.7	3.1	NaN
Numerator	20	23	20	13	0
Denominator	42,678	44,075	42,277	41,511	0
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	4.6	4.7	4.8	4.7	5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 7

The Rate of Repeat Birth (per 1000) for Adolescents Less Than 18 Years Old.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	16.2	14.5	13.9	13.6	13.1
Annual Indicator	162.3	150.7	140.6	140.8	NaN
Numerator	515	477	385	363	0
Denominator	3,173	3,165	2,738	2,578	0
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	13.2	12.3	11.8	11.6	11
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 8

The Degree to Which the MCH Program is Developing Data Infrastructure.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective				16	16.4
Annual Indicator			14	16	14
Numerator			14	16	14
Denominator	16	16	16	16	16
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	16.8	17.2	17.3	17.5	17.6
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

FORM NOTES FOR FORM 11

None

FIELD LEVEL NOTES

1. **Section Number:** Performance Measure #1
Field Name: PM01
Row Name:
Column Name:
Year: 2005
Field Note:
CY 2003 data are not available.
2. **Section Number:** Performance Measure #2
Field Name: PM02
Row Name:
Column Name:
Year: 2005
Field Note:
The data reported in 2002 have pre-populated the data for 2003 for this performance measure.

The SLAITS survey definition of children with special health care needs is much more inclusive than the eligibility criteria for the state's CSHCN program.
3. **Section Number:** Performance Measure #3
Field Name: PM03
Row Name:
Column Name:
Year: 2005
Field Note:
The data reported in 2002 have pre-populated the data for 2003 for this performance measure.

The SLAITS survey definition of children with special health care needs is much more inclusive than the eligibility criteria for the state's CSHCN program. Efforts are made to ensure that all CMP enrollees receive coordinated, ongoing, and comprehensive care within a medical home. Access to specialty services is facilitated as indicated.
4. **Section Number:** Performance Measure #4
Field Name: PM04
Row Name:
Column Name:
Year: 2005
Field Note:
The data reported in 2002 have pre-populated the data for 2003 for this performance measure.

The SLAITS survey definition of children with special health care needs is much more inclusive than the eligibility criteria for the state's CSHCN program.

These data are collected and reported from the SLAITS Survey and are different from the data provided by the Children's Medical Program's data system. In the Children's Medical Program, 87% of the enrollees have private or public insurance (see Form 7)
5. **Section Number:** Performance Measure #5
Field Name: PM05
Row Name:
Column Name:
Year: 2005
Field Note:
The data reported in 2002 have pre-populated the data for 2003 for this performance measure.

The SLAITS survey definition of children with special health care needs is much more inclusive than the eligibility criteria for the state's CSHCN program.
6. **Section Number:** Performance Measure #6
Field Name: PM06
Row Name:
Column Name:
Year: 2005
Field Note:
The data reported in 2002 have pre-populated the data for 2003 for this performance measure.

The SLAITS survey definition of children with special health care needs is much more inclusive than the eligibility criteria for the state's CSHCN program.

Some degree of transitional services are encouraged at the initial contact for all CMP enrollees.
7. **Section Number:** Performance Measure #7
Field Name: PM07
Row Name:
Column Name:
Year: 2005
Field Note:
CY 2003 data are not available.

The current Immunization Survey used captures data of children immunized up to 27 months old.
8. **Section Number:** Performance Measure #8
Field Name: PM08
Row Name:
Column Name:
Year: 2005
Field Note:
CY 2003 data are currently unavailable.
9. **Section Number:** Performance Measure #9
Field Name: PM09
Row Name:
Column Name:
Year: 2005
Field Note:
Data for this measure was provided from the latest (1999) Clinical Oral Health Survey. Another Survey is slated to start in the fall of 2004.

10. **Section Number:** Performance Measure #10
Field Name: PM10
Row Name:
Column Name:
Year: 2005
Field Note:
CY 2003 data are currently unavailable.
11. **Section Number:** Performance Measure #11
Field Name: PM11
Row Name:
Column Name:
Year: 2005
Field Note:
These data are provided by the most recent "Ross Mother's Survey" periodically sent to a nationally representative sample of new mothers.

CY 2003 data are currently unavailable.
12. **Section Number:** Performance Measure #12
Field Name: PM12
Row Name:
Column Name:
Year: 2005
Field Note:
CY 2003 data are not available.
13. **Section Number:** Performance Measure #13
Field Name: PM13
Row Name:
Column Name:
Year: 2005
Field Note:
CY 2003 data for this measure was provided from a 2003 report on health status of children in Mississippi published by the Childrens Defense Fund.
14. **Section Number:** Performance Measure #14
Field Name: PM14
Row Name:
Column Name:
Year: 2005
Field Note:
CY 2003 data are provided by the Mississippi Division of Medicaid and are currently unavailable.
15. **Section Number:** Performance Measure #15
Field Name: PM15
Row Name:
Column Name:
Year: 2005
Field Note:
CY 2003 data are not available.
16. **Section Number:** Performance Measure #16
Field Name: PM16
Row Name:
Column Name:
Year: 2005
Field Note:
CY 2003 data are not available.
17. **Section Number:** Performance Measure #17
Field Name: PM17
Row Name:
Column Name:
Year: 2005
Field Note:
CY 2003 data are not available.
18. **Section Number:** Performance Measure #18
Field Name: PM18
Row Name:
Column Name:
Year: 2005
Field Note:
CY 2003 data are not available.
19. **Section Number:** State Performance Measure #1
Field Name: SM1
Row Name:
Column Name:
Year: 2005
Field Note:
These data are provided by the Mississippi Division of Medicaid and is calculated based on the percent of eligibles age 1 to 20 years of age receiving any service. The MSDH is make a concerted effort to increase EPSDT screening at local county health departments.

2003 data are currently unavailable.
20. **Section Number:** State Performance Measure #2
Field Name: SM2
Row Name:
Column Name:
Year: 2005
Field Note:
These data were collected and provided by the agency's YRBS Data Survey, which is conducted bi-annually.
21. **Section Number:** State Performance Measure #3
Field Name: SM3
Row Name:

Column Name:

Year: 2005

Field Note:

2003 data are currently unavailable.

22. Section Number: State Performance Measure #4

Field Name: SM4

Row Name:

Column Name:

Year: 2005

Field Note:

2003 data are currently unavailable.

The difference in the percent of children with genetic disorders who received case management services between 2001 and 2002, can be contributed to staff changes in the field coupled with the adding of additional screenings mandated by the Mississippi Legislature.

23. Section Number: State Performance Measure #5

Field Name: SM5

Row Name:

Column Name:

Year: 2005

Field Note:

2003 data are currently unavailable.

24. Section Number: State Performance Measure #6

Field Name: SM6

Row Name:

Column Name:

Year: 2005

Field Note:

2003 data are currently unavailable.

25. Section Number: State Performance Measure #7

Field Name: SM7

Row Name:

Column Name:

Year: 2005

Field Note:

2003 data are currently unavailable.

26. Section Number: State Performance Measure #8

Field Name: SM8

Row Name:

Column Name:

Year: 2005

Field Note:

These scores were developed using a scoring sheet which is available upon request by calling Ulysses Conley at (601) 576-7688.

2003 data are currently unavailable.

FORM 12
TRACKING HEALTH OUTCOME MEASURES
[SECS 505 (A)(2)(B)(iii) AND 506 (A)(2)(A)(iii)]
STATE: MS

OUTCOME MEASURE # 01

The infant mortality rate per 1,000 live births.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	10.1	9.9	9.8	9.6	9.4
Annual Indicator	10.2	10.6	10.5	10.3	
Numerator	435	468	443	428	
Denominator	42,678	44,075	42,277	41,511	
Is the Data Provisional or Final?				Final	

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	9.8	9.7	9.6	9.5	9.3
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 02

The ratio of the black infant mortality rate to the white infant mortality rate.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	2	2.2	2.2	2	1.9
Annual Indicator	2.1	2.3	2.1	2.1	
Numerator	14.1	15.1	14.7	14.4	
Denominator	6.7	6.7	6.9	6.8	0
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	2.2	2.3	2.3	2.3	2.3
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 03

The neonatal mortality rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	6.2	6	5.9	5.8	5.7
Annual Indicator	6.3	6.6	6.6	6.8	
Numerator	267	289	277	281	
Denominator	42,678	44,075	42,277	41,511	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	6.2	6.1	6.1	6	5.9
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 04

The postneonatal mortality rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	3.9	3.9	3.8	3.2	3
Annual Indicator	3.9	4.1	3.9	3.5	
Numerator	168	179	166	147	
Denominator	42,678	44,075	42,277	41,511	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	3.6	3.6	3.6	3.5	3.4
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 05

The perinatal mortality rate per 1,000 live births plus fetal deaths.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	12.8	12.1	11.6	11.1	10.7
Annual Indicator	13.1	13.0	12.1	11.9	
Numerator	564	578	514	499	
Denominator	43,031	44,422	42,563	41,805	
Is the Data Provisional or Final?				Final	

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	10.8	10.4	10	9.7	9.3
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 06

The child death rate per 100,000 children aged 1 through 14.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	36.9	38.5	38	37.5	37
Annual Indicator	39.7	36.4	34.4	37.1	
Numerator	229	218	206	218	
Denominator	576,641	598,809	598,809	587,023	
Is the Data Provisional or Final?				Final	

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	34.9	34.3	33.7	33.1	32.5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

FORM NOTES FOR FORM 12

CY 2003 data for Outcome Measures 1-6 are currently unavailable. Data will be mailed to MCHB when available

FIELD LEVEL NOTES

None

FORM 13
CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CSHCN PROGRAMS
STATE: MS

1. Family members participate on advisory committee or task forces and are offering training, mentoring, and reimbursement, when appropriate.

3

2. Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups.

2

3. Family members are involved in the Children with Special Health Care Needs elements of the MCH Block Grant Application process.

2

4. Family members are involved in service training of CSHCN staff and providers.

2

5. Family members hired as paid staff or consultants to the State CSHCN program (a family member is hired for his or her expertise as a family member).

2

6. Family members of diverse cultures are involved in all of the above activities.

2

Total Score: 13

Rating Key

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

FORM NOTES FOR FORM 13

None

FIELD LEVEL NOTES

None

FORM 14
LIST OF MCH PRIORITY NEEDS

[Sec. 505(a)(5)]

STATE: MS FY: 2005

Your State's 5-year Needs Assessment should identify the need for preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children and services for Children with Special Health Care Needs. With each year's Block Grant application, provide a list (whether or not the priority needs change) of the top maternal and child health needs in your state. Using simple sentence or phrase, list below your State's needs. Examples of such statements are: "To reduce the barriers to the delivery of care for pregnant women, " and "The infant mortality rate for minorities should be reduced."

MCHB will capture annually every State's top 7 to 10 priority needs in an information system for comparison, tracking, and reporting purposes; you must list at least 7 and no more than 10. Note that the numbers listed below are for computer tracking only and are not meant to indicate priority order. If your State wishes to report more than 10 priority needs, list additional priority needs in a note at the form level.

1. Reduce repeat teen births.
2. Improve data collection capacity for Title V population.
3. Explore coverage of asthma services for children.
4. Increase EPSDT screening among children on Medicaid.
5. Reduce the state's low birthweight rate and infant mortality rate.
6. Develop plan to identify, gather data, and address issues related to maternal deaths.
7. Decrease cigarette smoking among ninth through twelfth graders.
8. Decrease the incidence of teen mortality and risk behaviors.
9. Assure access to pediatric care for all children, including children with special health care needs.
10. Decrease cigarette smoking among pregnant adolescents.

FORM NOTES FOR FORM 14

None

FIELD LEVEL NOTES

None

FORM 15
TECHNICAL ASSISTANCE(TA) REQUEST

STATE: MS

APPLICATION YEAR: 2005

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested (max 250 characters)	Reason(s) Why Assistance Is Needed (max 250 characters)	What State, Organization or Individual Would You suggest Provide the TA (if known) (max 250 characters)
1.	Data-related Issues - Performance Indicators If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> N/A </u>	No Assistance Requested	No Assistance Requested	No Assistance Requested
2.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
3.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
4.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
5.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
6.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
7.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
10.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the			

	measure number here: _____			
11.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
12.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			

FORM NOTES FOR FORM 15

No request for technical assistance is being made at this time.

FIELD LEVEL NOTES

None

FORM 16
STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET
STATE: MS

SP # 1

PERFORMANCE MEASURE:

Percent of Children on Medicaid who Receive EPSDT Screening.

STATUS:

Active

GOAL

To increase access to health care for children on Medicaid.

DEFINITION

Numerator:

Number of children age 6-20 enrolled in Medicaid who have received an EPSDT screening during the past year.

Denominator:

Number of children 6-20 enrolled in Medicaid.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Data collection system to be established with the State Medicaid Agency.

SIGNIFICANCE

Through screening programs, health education, preventive services and community interaction, services are designed to meet the specific needs of high risk groups and to promote positive health enhancing behaviors in the community. Health education for elementary school children is taught by health educators. Programs are age/grade specific and designed to promote proper health behaviors, encourage proper nutrition, and teach hygiene. Preventive health programs are provided to children identified by the screening program as being at high risk for disease.

SP # 2

PERFORMANCE MEASURE:

Current Percent of Cigarette Smoking Among Ninth Through Twelfth Graders.

STATUS:

Active

GOAL

To decrease cigarette smoking among 9-12 grade students.

DEFINITION

Numerator:

The number of 9-12th grade public school students who report smoking cigarettes during the past 30 days.

Denominator:

The total of 9-12 grade public school students.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Youth Risk Behavior Survey (YRBS).

SIGNIFICANCE

Cigarette smoking is the single most preventable cause of death in the United States. It has been estimated that one in five deaths is caused by tobacco use. Studies have shown the vast majority of smokers start before 18 years of age.

SP # 3

PERFORMANCE MEASURE:

Smoking Among Pregnant Adolescents

STATUS:

Active

GOAL

To decrease cigarette smoking among pregnant adolescents

DEFINITION

Numerator:

The number of women less than 20 years old who report they smoke cigarettes during pregnancy

Denominator:

The total of women less than 20 who gave birth during the calendar year

Units: 100 **Text:** percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Data will be collected annually from birth certificate records.

SIGNIFICANCE

Smoking during pregnancy is associated with infant mortality, low birthweight and intrauterine growth retardation as well as negative effects in childhood. Both nationally and in Mississippi we have seen a significant increase in smoking among pregnant women aged 15-19. Not only do we want to stop the increases, we want to decrease smoking among pregnant adolescents.

SP # 4

PERFORMANCE MEASURE:

Percent of Children With Genetic Disorders who Receive Case Management Services.

STATUS:

Active

GOAL

To provide case management services to children testing positive for genetic disorders to assure their enrollment in a follow-up treatment program.

DEFINITION

Numerator:

The number of children with genetic disorders provided with case management services.

Denominator:

The number of children identified with genetic disorders.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Council of Regional Networks for Genetics Services Newborn and Clinical Annual Report, Birth Defects Registry, March of Dimes Birth Defects Foundation and MSDH Chart Reviews.

SIGNIFICANCE

Each year in the United States, an estimated 100,000 to 150,000 babies are born with major genetic birth defects. Children with these defects account for about 25 percent to 30 percent of pediatric hospital admissions. The total costs for care of children with defects exceed \$1 billion annually.

SP # 5

PERFORMANCE MEASURE:

Infants Screened and Referred for Hearing Impairment Greater Than or Equal to 35 dB nHL Will Receive Appropriate Follow-up and Intervention Upon Hospital Discharge.

STATUS:

Active

GOAL

To provide case management to all infants identified with significant hearing loss to assure they receive appropriate follow-up and intervention.

DEFINITION

Numerator:

The number of infants with a significant hearing loss who are provided with case management services.

Denominator:

The number of infants identified with significant hearing loss.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Newborn Hearing Impairment Registry

SIGNIFICANCE

Significant hearing loss impairs a child's ability to develop adequate language and communication skills.

SP # 6

PERFORMANCE MEASURE:

Prevalence of Infants Born with Neural Tube Defects.

STATUS:

Active

GOAL

To reduce the prevalence at birth of neural tube defects (NTDs).

DEFINITION

Numerator:

Number of infants born with neural tube defects during the reporting year.

Denominator:

The total number of live births during the reporting year.

Units: 10000 **Text:** rate

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Birth Certificates.

SIGNIFICANCE

NTDs are among the most common birth defects contributing to significant infant morbidity and mortality in the U.S. One-half to two-thirds of NTDs can be prevented by daily folic acid supplementation in reproductive-age women. Preventing NTDs is, therefore, a major opportunity that could significantly reduce mortality and morbidity of babies and children. In 1999, of the 42,678 live births in Mississippi, 20 were reported to have been born with a neural tube defect (3.0 per 10,000 live births in Mississippi).

SP # 7

PERFORMANCE MEASURE:

The Rate of Repeat Birth (per 1000) for Adolescents Less Than 18 Years Old.

STATUS:

Active

GOAL

To reduce the rate of repeat births among teenagers.

DEFINITION

Numerator:

Number of repeat live births to adolescents aged less than 18 years of age during the reporting period.

Denominator:

The number of live births to adolescents less than 18 years old during the reporting period.

Units: 1000 **Text:** rate

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

MSDH Vital Statistics data on mother's age and births.

SIGNIFICANCE

Mississippi continues to lead the nation in the percentage of births to adolescents. In 1998, of the 8,598 births to adolescents in the state, 2,095 (24.4%) were repeat births. Adolescent parenting is associated with the lack of high school completion and initiating a cycle of poverty for mothers.

SP # 8

PERFORMANCE MEASURE:

The Degree to Which the MCH Program is Developing Data Infrastructure.

STATUS:

Active

GOAL

To develop a data infrastructure with the capacity to produce appropriate, timely, and accurate MCH data.

DEFINITION

There are 5 data functions with specific activities relating to each function. The five functions are MCH Surveillance, Needs Assessment, Monitoring, Program Evaluation, and Epidemiologic Analysis. The score reflects how Mississippi is growing in terms of its MCH data infrastructure. For each function, scores of the questions marked with asterisks are averaged. Because each function has equal weight, the averages are summed for a total score. The grading scale is based on a percentage of the total possible score: 90-100% of 20 = 18-20 Excellent 80-89% of 20 = 16-17 Good 70-79% of 20 = 14-15 fair <69% of 20 = <14 poor

Numerator:

None

Denominator:

None

Units: 16 **Text:** Scale

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

MCH statewide data such as vital statistics, Block Grant performance indicators, surveillance programs, and epidemiologic projects.

SIGNIFICANCE

By improving the infrastructure of MCH, a stronger foundation for statewide health services is created. Mississippi's ability to assure access to policy and programmatic information is critical. The health of the MCH population is dependent on quality data and agency capacity to collect, interpret, and use these data to create appropriate intervention.

FORM NOTES FOR FORM 16

None

FIELD LEVEL NOTES

None

FORM 17
HEALTH SYSTEMS CAPACITY INDICATORS
FORMS FOR HSCI 01 THROUGH 04, 07 & 08 - MULTI-YEAR DATA
STATE: MS

HEALTH SYSTEMS CAPACITY MEASURE # 01

The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.

		<u>Annual Indicator Data</u>				
		1999	2000	2001	2002	2003
Annual Indicator	NaN	NaN	NaN	967.3	262.3	NaN
Numerator	0	0	0	9,673	2,623	0
Denominator	0	0	0	100,000	100,000	0
Is the Data Provisional or Final?					Final	Provisional

HEALTH SYSTEMS CAPACITY MEASURE # 02

The percent Medicaid enrollees whose ages less than one year during the reporting year who received at least one initial periodic screen.

		<u>Annual Indicator Data</u>				
		1999	2000	2001	2002	2003
Annual Indicator	59.6	59.6	76.0	97.0	NaN	NaN
Numerator	20,548	20,548	26,742	34,623	0	0
Denominator	34,451	34,451	35,194	35,679	0	0
Is the Data Provisional or Final?					Final	Provisional

HEALTH SYSTEMS CAPACITY MEASURE # 03

The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.

		<u>Annual Indicator Data</u>				
		1999	2000	2001	2002	2003
Annual Indicator	NaN	62.5	70.2	74.6	75.5	75.5
Numerator	0	10	191	554	542	542
Denominator	0	16	272	743	718	718
Is the Data Provisional or Final?					Final	Final

HEALTH SYSTEMS CAPACITY MEASURE # 04

The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

		<u>Annual Indicator Data</u>				
		1999	2000	2001	2002	2003
Annual Indicator	81.5	80.2	83.3	83.3	NaN	NaN
Numerator	34,608	35,158	35,025	34,407	0	0
Denominator	42,442	43,821	42,055	41,284	0	0
Is the Data Provisional or Final?					Final	Provisional

HEALTH SYSTEMS CAPACITY MEASURE # 07

The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.

		Annual Indicator Data			
	1999	2000	2001	2002	2003
Annual Indicator	NaN	NaN	37.8	39.7	NaN
Numerator	0	0	31,683	32,808	0
Denominator	0	0	83,712	82,666	0
Is the Data Provisional or Final?				Final	Provisional

HEALTH SYSTEMS CAPACITY MEASURE # 08

The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.

		Annual Indicator Data			
	1999	2000	2001	2002	2003
Annual Indicator	100	100.0	100.0	100.0	100.0
Numerator		26,204	19,601	17,330	18,366
Denominator		26,204	19,601	17,330	18,366
Is the Data Provisional or Final?				Final	Final

FORM NOTES FOR FORM 17

None

FIELD LEVEL NOTES

1. **Section Number:** Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2005

Field Note:

2003 data are currently unavailable. Data will be mailed to MCHB when available.

The MSDH recently received funding from the Centers for Disease Control (CDC) and is in the process of developing a statewide asthma surveillance system, establishing collaborative partnerships, creating an asthma coalition, and developing a comprehensive State Asthma Plan.

2001 indicator data were calculated per 100,000 children living in the Jackson Metropolitan Area over a period of four years. However, the 2002 data were calculated per 100,000 children living in the same area, but over a one (1) year period, which accounts for the change between the reporting periods.

2. **Section Number:** Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2005

Field Note:

2003 data are currently unavailable. Data will be mailed to MCHB when available. However, 2002 data were provided by the Mississippi Division of Medicaid.

3. **Section Number:** Health Systems Capacity Indicator #04

Field Name: HSC04

Row Name:

Column Name:

Year: 2005

Field Note:

2003 data are currently unavailable. Data will be mailed to MCHB when available.

4. **Section Number:** Health Systems Capacity Indicator #07

Field Name: HSC07

Row Name:

Column Name:

Year: 2005

Field Note:

2003 data are currently unavailable. Data will be mailed to MCHB when available.

5. **Section Number:** Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2005

Field Note:

These data are provided by SSI indicating the number of SSI beneficiaries less than 16 years old in the state. The Children's Medical Program (CMP) staff maintains an ongoing relationship with the Social Security Administration and the State Disability Determination Services to facilitate the referral process to CMP for children and families potentially eligible for the program. The CMP collaborates with Medicaid, Social Security Administration and other third party payors to ensure access to needed services for children with special health care needs.

Each SSI beneficiary is made aware of CMP, eligibility criteria, and covered services. All beneficiaries are encouraged to apply for CMP services. However, all SSI beneficiaries may not directly receive rehabilitative services through the CSHCN program due to differences in eligibility criteria for program enrollment. Some degree of case management/care coordination is offered to all SSI beneficiaries.

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #05
(MEDICAID AND NON-MEDICAID COMPARISON)
STATE: MS

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) Percent of low birth weight (< 2,500 grams)	2002	Other	<u>0</u>	<u>0</u>	<u>11.2</u>
b) Infant deaths per 1,000 live births	2002	Other	<u>0</u>	<u>0</u>	<u>10.3</u>
c) Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester	2002	Other	<u>0</u>	<u>0</u>	<u>83.1</u>
d) Percent of pregnant women with adequate prenatal care (observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])	2002	Other	<u>0</u>	<u>0</u>	<u>83.3</u>

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06 (MEDICAID ELIGIBILITY LEVEL)
STATE: MS

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL MEDICAID (Valid range: 100-300 percent)
a) Infants (0 to 1)	2002	<u>185</u>
b) Medicaid Children (Age range <u>1</u> to <u>5</u>) (Age range <u> </u> to <u> </u>) (Age range <u> </u> to <u> </u>)	2002	<u>133</u> <u> </u> <u> </u>
c) Pregnant Women	2002	<u>185</u>

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06 (SCHIP ELIGIBILITY LEVEL)
STATE: MS

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL SCHIP
a) Infants (0 to 1)	2002	<u>200</u>
b) Medicaid Children (Age range <u>1</u> to <u>19</u>) (Age range <u> </u> to <u> </u>) (Age range <u> </u> to <u> </u>)	2002	<u>200</u> <u> </u> <u> </u>
c) Pregnant Women	2002	<u>200</u>

FORM NOTES FOR FORM 18

None

FIELD LEVEL NOTES

1. **Section Number:** Indicator 06 - Medicaid
Field Name: Med_Infant
Row Name: Infants
Column Name:
Year: 2005
Field Note:
Data secured from the Division of Medicaid
2. **Section Number:** Indicator 06 - Medicaid
Field Name: Med_Children
Row Name: Medicaid Children
Column Name:
Year: 2005
Field Note:
Data secured from the Division of Medicaid
3. **Section Number:** Indicator 06 - Medicaid
Field Name: Med_Women
Row Name: Pregnant Women
Column Name:
Year: 2005
Field Note:
Data secured from the Division of Medicaid
4. **Section Number:** Indicator 06 - SCHIP
Field Name: SCHIP_Infant
Row Name: Infants
Column Name:
Year: 2005
Field Note:
Data secured from the Division of Medicaid
5. **Section Number:** Indicator 06 - SCHIP
Field Name: SCHIP_Children
Row Name: SCHIP Children
Column Name:
Year: 2005
Field Note:
Data secured from the Division of Medicaid
6. **Section Number:** Indicator 06 - SCHIP
Field Name: SCHIP_Women
Row Name: Pregnant Women
Column Name:
Year: 2005
Field Note:
Data secured from the Division of Medicaid
7. **Section Number:** Indicator 05
Field Name: LowBirthWeight
Row Name: Percent of ow birth weight (<2,500 grams)
Column Name:
Year: 2005
Field Note:
Data comes from MSDH Division of Health Informatics
8. **Section Number:** Indicator 05
Field Name: InfantDeath
Row Name: Infant deaths per 1,000 live births
Column Name:
Year: 2005
Field Note:
Data comes from MSDH Division of Health Informatics
9. **Section Number:** Indicator 05
Field Name: CareFirstTrimester
Row Name: Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester
Column Name:
Year: 2005
Field Note:
Data comes from MSDH Division of Health Informatics
10. **Section Number:** Indicator 05
Field Name: AdequateCare
Row Name: Percent of pregnant women with adequate prenatal care
Column Name:
Year: 2005
Field Note:
Data comes from MSDH Division of Health Informatics

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: MS

HEALTH SYSTEMS CAPACITY INDICATOR #09A (General MCH Data Capacity)
(The Ability of the State to Assure MCH Program Access to Policy and Program Relevant Information)

DATABASES OR SURVEYS	Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3) *	Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)
ANNUAL DATA LINKAGES		
Annual linkage of infant birth and infant death certificates	3	Yes
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	1	No
Annual linkage of birth certificates and WIC eligibility files	2	Yes
Annual linkage of birth certificates and newborn screening files	2	Yes
REGISTRIES AND SURVEYS		
Hospital discharge survey for at least 90% of in-State discharges	1	No
Annual birth defects surveillance system	3	Yes
Survey of recent mothers at least every two years (like PRAMS)	3	Yes

*Where:
1 = No, the MCH agency does not have this ability.
2 = Yes, the MCH agency sometimes has this ability, but not on a consistent basis.
3 = Yes, the MCH agency always has this ability.

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: MS

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)*	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	Yes
Other: Youth Tobacco Survey	3	Yes

HEALTH SYSTEMS CAPACITY INDICATOR #09C (Data Capacity) Overweight/Obesity
(The Ability of the State to Determine the Percent of Children Who are Obese or Overweight)

Data Source	Does your state participate in this survey/data source? (Select 1 - 3)*	Does your MCH program have direct access to this electronic database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	Yes
Pediatric Nutrition Surveillance System (PedNSS)	1	No
WIC Program Data	2	Yes
Other:		

*Where:
1 = No
2 = Yes, the State participates but the sample size is not large enough for valid statewide estimates for this age group.
3 = Yes, the State participates and the sample size is large enough for valid statewide estimates for this age group.

Notes:

1. HEALTH SYSTEMS CAPACITY INDICATOR #09B was formerly reported as Developmental Health Status Indicator #05.

FORM NOTES FOR FORM 19

None

FIELD LEVEL NOTES

None

FORM 20
HEALTH STATUS INDICATORS #01-#05
MULTI-YEAR DATA
STATE: MS

HEALTH STATUS INDICATOR MEASURE # 01A

The percent of live births weighing less than 2,500 grams.

	1999	2000	<u>Annual Indicator Data</u>		2003
			2001	2002	
Annual Indicator	10.4	10.7	NaN	NaN	NaN
Numerator	4,421	4,701	0	0	0
Denominator	42,678	44,075	0	0	0
Is the Data Provisional or Final?				Final	Provisional

HEALTH STATUS INDICATOR MEASURE # 01B

The percent of live singleton births weighing less than 2,500 grams.

	1999	2000	<u>Annual Indicator Data</u>		2003
			2001	2002	
Annual Indicator	8.8	8.9	NaN	NaN	NaN
Numerator	3,641	3,797	0	0	0
Denominator	41,477	42,681	0	0	0
Is the Data Provisional or Final?				Final	Provisional

HEALTH STATUS INDICATOR MEASURE # 02A

The percent of live births weighing less than 1,500 grams.

	1999	2000	<u>Annual Indicator Data</u>		2003
			2001	2002	
Annual Indicator	2.1	2.2	NaN	NaN	NaN
Numerator	914	971	0	0	0
Denominator	42,678	44,075	0	0	0
Is the Data Provisional or Final?				Final	Provisional

HEALTH STATUS INDICATOR MEASURE # 02B

The percent of live singleton births weighing less than 1,500 grams.

	1999	2000	<u>Annual Indicator Data</u>		2003
			2001	2002	
Annual Indicator	1.7	1.8	NaN	NaN	NaN
Numerator	722	759	0	0	0
Denominator	41,477	42,681	0	0	0
Is the Data Provisional or Final?				Final	Provisional

HEALTH STATUS INDICATOR MEASURE # 03A

The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.

	1999	2000	<u>Annual Indicator Data</u>		
			2001	2002	2003
Annual Indicator	22.3	20.0	NaN	NaN	NaN
Numerator	138	128	0	0	0
Denominator	618,104	640,026	0	0	0
Is the Data Provisional or Final?				Final	Provisional

HEALTH STATUS INDICATOR MEASURE # 03B

The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.

	1999	2000	<u>Annual Indicator Data</u>		
			2001	2002	2003
Annual Indicator	11.0	9.1	NaN	NaN	NaN
Numerator	68	58	0	0	0
Denominator	618,104	640,026	0	0	0
Is the Data Provisional or Final?					

HEALTH STATUS INDICATOR MEASURE # 03C

The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	1999	2000	<u>Annual Indicator Data</u>		
			2001	2002	2003
Annual Indicator	51.5	50.7	NaN	NaN	NaN
Numerator	225	226	0	0	0
Denominator	437,233	446,135	0	0	0
Is the Data Provisional or Final?				Final	Provisional

HEALTH STATUS INDICATOR MEASURE # 04A

The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger.

	1999	2000	<u>Annual Indicator Data</u>		
			2001	2002	2003
Annual Indicator	14,631.2	12,860.1	NaN	NaN	NaN
Numerator	363	558	0	0	0
Denominator	2,481	4,339	0	0	0
Is the Data Provisional or Final?				Final	Provisional

HEALTH STATUS INDICATOR MEASURE # 04B

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger.

	1999	2000	<u>Annual Indicator Data</u>		
			2001	2002	2003
Annual Indicator	11,498.0	8,772.7	NaN	NaN	NaN
Numerator	175	213	0	0	0
Denominator	1,522	2,428	0	0	0
Is the Data Provisional or Final?				Final	Provisional

HEALTH STATUS INDICATOR MEASURE # 04C

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	1999	2000	<u>Annual Indicator Data</u>		
			2001	2002	2003
Annual Indicator	28,646.5	28,789.1	NaN	NaN	NaN
Numerator	436	699	0	0	0
Denominator	1,522	2,428	0	0	0
Is the Data Provisional or Final?				Final	Provisional

HEALTH STATUS INDICATOR MEASURE # 05A

The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.

	1999	2000	<u>Annual Indicator Data</u>		
			2001	2002	2003
Annual Indicator	36.7	36.3	NaN	NaN	NaN
Numerator	4,149	4,150	0	0	0
Denominator	113,035	114,460	0	0	0
Is the Data Provisional or Final?				Final	Provisional

HEALTH STATUS INDICATOR MEASURE # 05B

The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.

	1999	2000	<u>Annual Indicator Data</u>		
			2001	2002	2003
Annual Indicator	10.3	12.3	NaN	NaN	NaN
Numerator	5,293	5,294	0	0	0
Denominator	515,749	430,422	0	0	0
Is the Data Provisional or Final?				Final	Provisional

FORM NOTES FOR FORM 20

None

FIELD LEVEL NOTES

None

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: MS

HSI #06A - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race. (Demographics)*

For both parts A and B: Reporting Year: 2001 Is this data from a State Projection? No

CATEGORY TOTAL POPULATION BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	0							
Children 1 through 4	0							
Children 5 through 9	0							
Children 10 through 14	0							
Children 15 through 19	0							
Children 20 through 24	0							
Children 0 through 24	0	0	0	0	0	0	0	0

HSI #06B - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and ethnicity. (Demographics)*

CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1			
Children 1 through 4			
Children 5 through 9			
Children 10 through 14			
Children 15 through 19			
Children 20 through 24			
Children 0 through 24	0	0	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: MS

HSI #07A - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and race. (Demographics)*

For both parts A and B: Reporting Year: 0 Is this data from a State Projection? No

CATEGORY TOTAL LIVE BIRTHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Women < 15	0							
Women 15 through 17	0							
Women 18 through 19	0							
Women 20 through 34	0							
Women 35 or older	0							
Women of all ages	0	0	0	0	0	0	0	0

HSI #07B - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and ethnicity. (Demographics)*

CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Women < 15			
Women 15 through 17			
Women 18 through 19			
Women 20 through 34			
Women 35 or older			
Women of all ages	0	0	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: MS

HSI #08A - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)

For both parts A and B: Reporting Year: 0 Is this data from a State Projection? No

CATEGORY TOTAL DEATHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	0							
Children 1 through 4	0							
Children 5 through 9	0							
Children 10 through 14	0							
Children 15 through 19	0							
Children 20 through 24	0							
Children 0 through 24	0	0	0	0	0	0	0	0

HSI #08B - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and ethnicity. (Demographics)

CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1			
Children 1 through 4			
Children 5 through 9			
Children 10 through 14			
Children 15 through 19			
Children 20 through 24			
Children 0 through 24	0	0	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: MS

HSI #09A - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)*

CATEGORY Miscellaneous Data BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown	Specific Reporting Year
All children 0 through 19	0								
Percent in household headed by single parent									
Percent in TANF (Grant) families									
Number enrolled in Medicaid	0								
Number enrolled in SCHIP	0								
Number living in foster home care	0								
Number enrolled in food stamp program	0								
Number enrolled in WIC	0								
Rate (per 100,000) of juvenile crime arrests									
Percentage of high school drop-outs (grade 9 through 12)									

HSI #09B - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by ethnicity. (Demographics)*

CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported	Specific Reporting Year
All children 0 through 19				
Percent in household headed by single parent				
Percent in TANF (Grant) families				
Number enrolled in Medicaid				
Number enrolled in SCHIP				
Number living in foster home care				
Number enrolled in food stamp program				
Number enrolled in WIC				
Rate (per 100,000) of juvenile crime arrests				
Percentage of high school drop-outs (grade 9 through 12)				

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: MS

HSI #10 - Demographics (Geographic Living Area) *Geographic living area for all resident children aged 0 through 19 years old. (Demographics)*

Reporting Year: Is this data from a State Projection? No

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	
Living in urban areas	
Living in rural areas	
Living in frontier areas	
Total - all children 0 through 19	0

Note:

The Total will be determined by adding reported numbers for urban, rural and frontier areas.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: MS

HSI #11 - Demographics (Poverty Levels) *Percent of the State population at various levels of the federal poverty level. (Demographics)*

Reporting Year: Is this data from a State Projection? No

POVERTY LEVELS	TOTAL
Total Population	
Percent Below: 50% of poverty	
100% of poverty	
200% of poverty	

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: MS

HSI #12 - Demographics (Poverty Levels) *Percent of the State population aged 0 through 19 at various levels of the federal poverty level. (Demographics)*

Reporting Year: Is this data from a State Projection? No

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	
Percent Below: 50% of poverty	
100% of poverty	
200% of poverty	

FORM NOTES FOR FORM 21

None

FIELD LEVEL NOTES

None